



## Women's Health Care Bibliography August 2003

1: [Addiction. 2003 May;98\(5\):553-7.](#)

You've come a long way baby: Women and the tobacco epidemic.  
Richmond R.

**PMID: 12751968** [PubMed - indexed for MEDLINE]

2: [Adv Nurse Pract. 2003 Jun;11\(6\):73-5.](#)

Cardiac rehabilitation. The right fit for women.  
Duke TA.

Florida Heart & Vascular Associates, Tampa, Fla., USA.

**PMID: 12807060** [PubMed - indexed for MEDLINE]

3: [Adv Nurse Pract. 2003 May;11\(5\):53-4, 90.](#)

Managing PMS and perimenopause symptoms. The role of compounded medications.  
Ahlgrimm M.

Women's Health America Inc., Madison, Wis., USA.

**PMID: 12754984** [PubMed - indexed for MEDLINE]

4: [AIDS Patient Care STDS. 2003 Jun;17\(6\):314.](#)

Gender and HIV website launched.

[No authors listed]

**PMID: 12889485** [PubMed - indexed for MEDLINE]

5: [Am J Epidemiol. 2003 Jul 1;158\(1\):59-68.](#)

Meat, fat, and their subtypes as risk factors for colorectal cancer in a prospective cohort of women.

Flood A, Velie EM, Sinha R, Chatterjee N, Lacey JV Jr, Schairer C, Schatzkin A.  
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The authors investigated the association of intakes of meat and fat with colorectal cancer in a prospective cohort of women in the United States. Between 1987 and 1989, 45,496 women completed a 62-item National Cancer Institute/Block food frequency questionnaire, and during 386,716 person-years of follow-up, there were 487 incident cases of colorectal cancer. The authors used Cox proportional hazards regression to estimate relative risks and 95% confidence intervals for total meat, red meat, white meat, processed meat, and well-done meat intakes, as well as for total fat, saturated fat, and unsaturated fat. Relative risks for increasing quintiles of total meat and red meat consumption indicated no association with colorectal cancer (relative risk for high compared with low quintile = 1.10, 95% confidence interval: 0.83, 1.45) for red meat. For total fat, there was also no association with increasing quintiles of consumption (relative risk for high compared

with low quintile = 1.14, 95% confidence interval: 0.86, 1.53). Additionally, none of the other subtypes of either meat or fat showed any association with colorectal cancer. This study provided no evidence of an association between either meat or fat (or any of their subtypes) and colorectal cancer incidence, but the authors cannot rule out the possibility of a modest association.

**PMID: 12835287** [PubMed - indexed for MEDLINE]

6: Am J Health Behav. 2003 May-Jun;27(3):228-34.

Anal intercourse and sexual risk factors among college women, 1993-2000.

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**OBJECTIVE:** To determine trends and sexual risk behaviors associated with anal intercourse among college women over an 8-year period. **METHODS:** A sexual activity questionnaire was used to collect data from 813 students enrolled in a women's health course. **RESULTS:** Thirty-two percent of the women had engaged in anal intercourse, and this measure was consistent across time. Women who had engaged in anal intercourse were significantly younger at first intercourse and had a greater lifetime number of partners and more reported STIs. **CONCLUSION:** This study underscores the importance of expanding our understanding of sexual behaviors of college women and openly addressing anal intercourse as a part of the sexual repertoire of college women.

**PMID: 12751619** [PubMed - in process]

7: Am J Ophthalmol. 2003 Aug;136(2):318-26.

Prevalence of dry eye syndrome among US women.

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**PURPOSE:** Dry eye syndrome (DES) is believed to be one of the most common ocular problems in the United States (US), particularly among older women. However, there are few studies describing the magnitude of the problem in women and how this may vary with demographic characteristics. **DESIGN:** Cross-sectional prevalence survey. **METHODS:** Study population: we surveyed 39,876 US women participating in the Women's Health Study about a history of diagnosed DES and dry eye symptoms. Main outcome measure: we defined DES as the presence of clinically diagnosed DES or severe symptoms (both dryness and irritation constantly or often). We calculated the age-specific prevalence of DES and adjusted the overall prevalence to the age distribution of women in the US population. We used logistic regression to examine associations between DES and other demographic factors. **RESULTS:** The prevalence of DES increased with age, from 5.7% among women < 50 years old to 9.8% among women aged > or = 75 years old. The age-adjusted prevalence of DES was 7.8%, or 3.23 million women aged > or = 50 in the US. Compared with Whites, Hispanic (odds ratio [OR] = 1.81, confidence interval [CI] = 1.18-2.80) and Asian (OR = 1.77, CI = 1.17-2.69) women were more likely to report severe symptoms, but not clinically diagnosed DES. There were no significant differences by income (P([trend]) = .78), but more educated women were less likely to have DES (P([trend]) = .03). Women from the South had the highest prevalence of DES, though the magnitude of geographic differences was modest. **CONCLUSIONS:** Dry eye syndrome leading to a clinical diagnosis or severe symptoms is prevalent, affecting over 3.2 million American women middle-aged and older. Although the condition is more prevalent among older women, it also affects many women in their

40s and 50s. Further research is needed to better understand DES and its impact on public health and quality of life.

**PMID: 1288056** [PubMed - indexed for MEDLINE]

8: [Am J Prev Med. 2003 Aug;25\(2\):140-3.](#)

Life transitions and changing physical activity patterns in young women.

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Physical activity (PA) patterns are likely to change in young adulthood in line with changes in lifestyle that occur in the transition from adolescence to adulthood. The aim of this study was to ascertain whether key life events experienced by young women in their early twenties are associated with increasing levels of inactivity. This was a 4-year follow-up of 7281 participants (aged 18 to 23 years at baseline) in the Australian Longitudinal Study of Women's Health, with self-reported measures of PA, life events, body mass index (BMI), and sociodemographic variables. The cross-sectional data indicated no change in PA between baseline (57% "active") and follow-up (56% "active"). However, for almost 40% of the sample, PA category changed between baseline and follow-up, with approximately 20% of the women changing from being "active" to "inactive," and another 20% changing from being "inactive" to "active." After adjustment for age, other sociodemographic variables, BMI, and PA at baseline, women who reported getting married, having a first or subsequent child, or beginning paid work were more likely to be inactive at follow-up than those who did not report these events. The results suggest that life events such as getting married, having children, and starting work are associated with decreased levels of PA in young adult women. Strategies are needed to promote maintenance of activity at the time when most women experience these key life-stage transitions.

**PMID: 12880882** [PubMed - in process]

9: [Am J Prev Med. 2003 Jul;25\(1\):38-44.](#)

Childhood family violence history and women's risk for intimate partner violence and poor health.

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**BACKGROUND:** There is growing evidence for associations between generations in family violence and between family violence in both childhood and adulthood and women's health. Most studies focus on a subset of family violence (child abuse, witnessing intimate partner violence [IPV] as a child, and/or adult IPV), and few examine possible differences associated with the nature of abusive experiences, such as physical versus sexual abuse. **METHODS:** A population-based telephone survey, the 1999 and 2001 Washington State Behavioral Risk Factor Surveillance System, asked a representative sample of 3527 English-speaking, non-institutionalized adult women whether they had been physically or sexually assaulted or witnessed interparental violence in childhood, and whether they had experienced physical assault or emotional abuse from an intimate partner in the past year. The survey also asked about current general health and mental distress in the past month. **RESULTS:** The risks associated with childhood family violence experiences varied depending on the nature of those experiences. Women reporting childhood physical abuse or witnessing interparental violence were at a four- to six-fold increase in risk of physical IPV, and women reporting any of the experiences measured were at three- to four-fold increase in risk of partner emotional abuse. In contrast, women reporting childhood sexual abuse only were not at increased risk of physical IPV. Women reporting childhood physical abuse were at

increased risk of poor physical health, and women reporting any type of childhood family violence were at increased risk of frequent mental distress. Approximately one third of women reporting poor general health and half of women reporting frequent mental distress also reported at least one of the childhood experiences measured. CONCLUSIONS: These findings underscore the role of childhood experiences of abuse and of witnessing family violence in women's current risk for IPV, poor physical health, and frequent mental distress.

**PMID: 12818308** [PubMed - in process]

10: Ann Intern Med. 2003 Jul 15;139(2):97-104.

Comment in: Ann Intern Med. 2003 Jul 15;139(2):I27.

Statin use, clinical fracture, and bone density in postmenopausal women: results from the Women's Health Initiative Observational Study.

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BACKGROUND: 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors (statins) have been shown to stimulate bone formation in laboratory studies, both in vitro and in vivo. While early epidemiologic studies showed lower risk for hip fracture among statin users than nonusers, subsequent studies have produced mixed results. OBJECTIVE: To examine the association of statin use with incidence of hip, lower arm or wrist, and other clinical fractures and with baseline levels of bone density. DESIGN: Prospective study. SETTING: Women's

Health Initiative Observational Study conducted in 40 clinical centers in the United States. PARTICIPANTS: 93 716 postmenopausal women ages 50 to 79 years.

MEASUREMENTS: Rates of hip, lower arm or wrist, and other clinical fractures were compared among 7846 statin users and 85 870 nonusers over a median follow-up of 3.9 years. In 6442 women enrolled at three clinical centers, baseline levels of total hip, posterior-anterior spine, and total-body bone

density measured by using dual-energy x-ray absorptiometry were compared according to statin use. RESULTS: Age-adjusted rates of hip, lower arm or wrist, and other clinical fractures were similar between statin users and nonusers regardless of duration of statin use. The multivariate-adjusted hazard ratios for current statin use were 1.22 (95% CI, 0.83 to 1.81) for hip fracture, 1.04 (CI, 0.85 to 1.27) for lower arm or wrist fracture, and 1.11 (CI, 1.00 to 1.22) for other clinical fracture. Bone density levels did not statistically differ between statin users and nonusers at any skeletal site after adjustment for age, ethnicity, body mass index, and other factors. CONCLUSION: Statin use did not improve fracture risk or bone density in the Women's Health Initiative Observational Study. The cumulative evidence does not warrant use of statins to prevent or treat osteoporosis.

**PMID: 12859159** [PubMed - indexed for MEDLINE]

11: Aust J Midwifery. 2001 Sep;14(3):28-31.

Home too soon? A comment on the early discharge of women from hospital after childbirth.

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The current trend of health care services to encourage early discharge of women from hospital within three days of childbirth has produced some concerning issues. This paper explores the factors surrounding this trend and highlights the need for a postpartum midwifery community infrastructure to support women who are

discharged from hospital before breastfeeding and parent education processes are established.

Publication Types: Review & Review, Tutorial

**PMID: 12760009** [PubMed - indexed for MEDLINE]

12: [AWHONN Lifelines. 2003 Jun-Jul;7\(3\):258-60.](#)

Caring for Latino women.

Mattson S.

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**PMID: 12858690** [PubMed - indexed for MEDLINE]

13: [Can J Cardiovasc Nurs. 2003;13\(2\):14-23.](#)

The uncertain journey: women's experiences following a myocardial infarction.

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Current literature indicates that women, and society in general, do not see coronary heart disease (CHD) as a serious concern for women. This lack of recognition seems, in part, to be related to a lack of research involving women as participants and in developing nursing knowledge specific to women and CHD. Although existing literature provides valuable insight into cardiac recovery, it does not clearly explore women's perceptions of their experiences in the early home convalescent recovery process following a myocardial infarction (MI). This study reports on the supportive-educative experiences of eight English speaking women, ages 33-61, in their early recovery process following an MI. Inductively generated data analysis has provided a means to understand the process of recovery from the perspective of these participants. Inherent in the participants' words, as they discussed their journeys with recovery, was an

overwhelming sense of uncertainty while living with heart disease. For these women, their socially constructed knowledge dictated that women, and in particular, young women, did not experience heart attacks, and was, therefore, in conflict with their realities. The contradiction between the 'truths learned from others' and their MI experiences influenced, and was influenced by, the subsequent emerging themes of a 'rude awakening,' 'disconnected knowing,' and 'reconnecting self.' Feminist research challenges tradition and offers nursing an opportunity to explore and investigate issues of importance to our profession in a different way. Nurses, as well as other health care professionals, need to be aware of the social construction of cardiac illness and women's experiences, as this knowledge has great implications for patient care from prevention to rehabilitation within the cardiac experience. Based on the results of this study, implications for nursing education, research and practice are discussed.

**PMID: 12802834** [PubMed - indexed for MEDLINE]

14: [Clin Endocrinol \(Oxf\). 2003 Aug;59\(2\):145-55.](#)

Recent concerns surrounding HRT.

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Millions of women are treated with hormone replacement therapy (HRT) for relief of menopausal symptoms, including vasomotor flushes and sweats for which oestrogen is uniquely and highly effective. Others may continue longer-term treatment in the hope that HRT will help to prevent chronic disease. The preservation of bone mass with continuing oestrogen therapy and reduction of subsequent risk of fracture is well established. Observational studies of the metabolic and vascular effects of oestrogens have suggested a potential benefit in reducing the risk of vascular disease, but recently published randomized controlled trials demonstrate no evidence of benefit in women with established vascular disease or in apparently healthy women. The increased risks of breast cancer and thromboembolic disease have been confirmed in these trials, with evidence of increased risk of stroke. Observational data suggest there may be a small increased risk of ovarian cancer associated with

longer-term use of HRT. The premature termination of one arm of the Women's Health Initiative randomized controlled trial caused concern among patients, doctors and pharmaceutical companies. There are difficulties in extrapolating the results from trials using a specific HRT product to advise women on the wide range of other hormone products, doses, combinations and routes of administration. However, in the absence of evidence that other products are safer, the data suggest that for many women the risks associated with long-term use of HRT outweigh the benefits. There are nonhormonal strategies for the prevention and treatment of osteoporosis. HRT is not, and has never been, licensed in the UK for the prevention or treatment of vascular disease, and the data suggesting potential benefit should now be regarded as biased. The absolute incidence of an adverse event is low, and the risk in an individual woman in a single year is very small, but the risks are cumulative over time with long-term use. The risk-benefit balance of each woman needs regular reappraisal with continued use.

**PMID: 12864790** [PubMed - in process]

15: CMAJ. 2003 May 27;168(11):1391; author reply 1391.

Comment on: CMAJ. 2003 Feb 18;168(4):421-5.

Transmission of HPV.

Giles S.

Publication Types: Comment

**PMID: 12771060** [PubMed - indexed for MEDLINE]

16: Control Clin Trials. 2003 Aug;24(4):422-35.

Research staff turnover and participant adherence in the Women's Health Initiative. Jackson M, Berman N, Huber M, Snetselaar L, Granek I, Boe K, Milas C, Spivak J, Chlebowski RT.

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Maintaining participant adherence is a prerequisite for successful completion of randomized controlled trials requiring long-term follow-up. While patient characteristics influencing adherence are well studied, the influence of contact with clinical staff on this process has received almost no attention. To address this issue the authors evaluated the association of turnover in key clinical research staff with measures of participant adherence to protocol requirements at 40 clinical centers participating in the Women's Health Initiative (WHI), a large multicenter study. Key staff turnover in positions with potential influence on maintaining participant adherence in the Dietary Modification Clinical Trial (DM-CT) and the two Menopausal Hormone Therapy Clinical Trials (HT-CT) of the WHI was determined at each clinical center. Three prospectively established measures of participant adherence for the DM-CT and HT-CT were related to key staff turnover at each clinical center by staff category. More frequent turnover of the clinic practitioner, clinic manager, and principal investigator positions was significantly ( $p < 0.05$ ) associated with lower participant adherence in the HT-CT but was not associated with DM-CT participant adherence. More frequent turnover of the lead nutritionist was not associated with HT-CT participant adherence but was significantly ( $p < 0.05$ ) associated with one measure of decreased DM-CT participant adherence, as would be expected since the lead nutritionist did not typically see the HT-CT participants. These significant and plausible associations suggest that providing consistent contact with key staff in randomized, controlled clinical trials may facilitate long-term participant adherence. Further prospective study exploring process evaluation of the provider side of controlled trial conduct is indicated.

**PMID: 12865036** [PubMed - in process]

17: Curr Womens Health Rep. 2003 Aug;3(4):263-4.

Vaginal Microbicides: A Priority Need for Women's Health.

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**PMID: 12844447** [PubMed - in process]

18: Emerg Med (Fremantle). 2003 Jun;15(3):211-2.

Emergency women's health.

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**PMID: 12786638** [PubMed - in process]

19: Ethn Dis. 2003 Summer;13(3):337-43.

Low-fat diet: effect on anthropometrics, blood pressure, glucose, and insulin in older women.

Hall WD, Feng Z, George VA, Lewis CE, Oberman A, Huber M, Fouad M, Cutler JA;

Women's Health Trial: Feasibility Study in Minority Populations.

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**OBJECTIVE:** The Women's Health Trial: Feasibility Study in Minority Populations (WHT: FSMP) documented that a low-fat diet was associated with a reduced fat intake in older women of diverse ethnic backgrounds. The purpose of the current study was to examine the effect of the low-fat diet on anthropometric and biochemical variables. **DESIGN:** Randomized clinical trial in 2,208 postmenopausal women, 50 to 79 years of age. **RESULTS:** The decrease in fat intake correlated directly with a decrease in body weight ( $r=.22$ ,  $P<.001$ ). After 6 months, the intervention group had an average weight loss of 1.8 kg. Body mass index decreased 0.7 kg/m<sup>2</sup>. Waist circumference decreased 1.8 cm. All of these changes were statistically significant, compared to changes in the control group ( $P<.01$ ). Changes in systolic (-3.1 mm Hg) and diastolic (-1.1 mm Hg) blood pressures (BP) occurred in the intervention group. The decrease in systolic BP reached statistical significance ( $P=.02$ ), relative to the control group.

Decreases in plasma glucose were small (-0.2 mmol/L) in the intervention group, although there was a trend for difference from the control group ( $P=.11$ ). Decreases in serum insulin levels were small (-0.5 microIU/mL) in the intervention group, although there was, again, a trend for difference from the control group.

**CONCLUSIONS:** In older White, Black, and Hispanic women, a long-term low-fat dietary intervention was accompanied by modest, but statistically significant, decreases in body weight and anthropometric indices, without any particular attempt being made to reduce calories. Changes in glucose and insulin were small. The long-term biological significance of the glucose and insulin changes is unknown.

**PMID: 12894958** [PubMed - in process]

20: Expert Opin Drug Saf. 2003 Jul;2(4):341-5.

The demise of HRT? The long-term safety of hormone replacement therapy.

Fenton A.

The role of hormone replacement therapy (HRT) in the health of middle-aged women has come a full circle. HRT has been widely accepted as the treatment of choice for the management of menopausal symptoms. However, the Women's Health Initiative (WHI) and other recent randomised controlled trials have failed to confirm beliefs of other potential benefits in reducing the risk of coronary artery disease (CAD) and stroke. Indeed, early increases in cardiac event and stroke rate have been seen in women taking combination HRT. An increased risk of breast cancer diagnosis has also been confirmed in HRT users. The use of HRT now needs to be regarded as a

short-term therapy for menopausal symptom management with treatment individualized for each woman.

Publication Types: Editorial

**PMID: 12904091** [PubMed - in process]

21: Gynecol Obstet Invest. 2003 [Epub ahead of print]. Epub 2003 Jul 22.

Turbulent Times for Hormone Replacement Therapy: Is There a Way Out?

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The long-awaited results of the large Women's Health Initiative (WHI) trial on the effects of combined estrogen-progestin hormone replacement therapy (HRT) in postmenopausal women show that the overall benefits are smaller than the risks. Herein I argue that many of the findings could be predicted from earlier observational studies. Although the WHI trial will rightly reverse the soaring HRT use of the last decades, there is unquestionably a future for HRT. A consensus is growing that postmenopausal women may be treated with HRT only when seeking help for disturbing symptoms of the ovarian hormone insufficiency syndrome, rather than be treated for menopause per se. The ovarian hormone insufficiency syndrome comprises conditions of estrogen and/or androgen insufficiency; at this time, the diagnosis of these clinical entities is based largely on symptomatology. Future research should disclose why the deprivation of ovarian hormones has a variable impact on women's functioning, and further trials ought to reveal effective and safe treatments for women suffering from this syndrome. Copyright 2003 S. Karger AG, Basel

**PMID: 12876424** [PubMed - as supplied by publisher]

22: Health Care Strateg Manage. 2003 Jun;21(6):1, 13-5.

Providers find success with women's cardiovascular.

Worrell B.

**PMID: 12846082** [PubMed - indexed for MEDLINE]

23: Hum Reprod. 2003 Aug;18(8):1561-3.

Issues to debate on the Women's Health Initiative: Estrogen: an instrument or the conductor of the orchestra?

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Although it is well known that cyclic production of sex hormones is essential to establish reproductive function and female characteristics, distant impacts of the activity of the female endocrine system result from a concert of delicate mechanisms. Estrogen is rather an instrument than a conductor in this physiological orchestra of the female. Thus, controversies in the explanation of results from studies on hormone replacement therapy (HRT) and cardiovascular disease (CVD) prevention might be eliminated, if we analyse not only the role of estrogen but a broader spectrum of factors leading to CVD. Authors would like to hypothesize that haemorheological changes in women around menopause, such as increased blood and plasma viscosity, haematocrit and fibrinogen, are largely responsible for the increased mortality in the post-menopausal life period. We believe that a cyclic withdrawal bleeding establishes a more favourable haemorheological condition, thus, sequentially administered estrogen might be protective in post-menopausal women. Nevertheless, other factors, that decrease blood viscosity, such as daily exercise, intake of ample amount of fluids as well as ideal nutrition, are equally important. We are confident that sequential HRT, as well

as healthy life style and risk prevention programmes have their proper place in the management of this issue.

**PMID: 12871862** [PubMed - in process]

24: Hum Reprod. 2003 Aug;18(8):1559-61.

Issues to debate on the Women's Health Initiative study: Failure of estrogen plus progestin therapy for prevention of breast cancer risk.

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Several studies on hormone replacement therapy (HRT) in the USA have been published. They revealed that the risk of breast cancer is increased with HRT more than with estrogen alone (ERT). A progestin has been given with each dose of ERT, as was the case in the Women's Health Initiative (WHI) study. The results of studies in Europe show similar trends. The increased risk of breast cancer in the WHI study was significantly higher only in women who had used HRT for several years before entering the study. The study was non-blind in 3444

cases, i.e. 40.5% of women in the estrogen plus progestin group and 6.8% in controls. If the women in the HRT group had more mammographic examinations it could change the validity of the results of the study. Estradiol-containing drugs have now been added to the list of carcinogens and the packages of these drugs have warning labels. The results of the WHI study do not support this labelling. The results of the WHI study show that the administration of HRT

increases the risks of stroke and pulmonary embolism. It is reasonable to think that in the case of bleeding, at least at weekends in nursing homes (when staff levels may be low) patients were immobilized in their beds. Immobilization among women on HRT could have been more dangerous than the HRT itself. Progestins need to be delivered to the endometrium in a manner that will have the least effect on the breast. Systemic administration can be replaced by releasing progestin locally in the uterine cavity. Endometrial protection with a levonorgestrel-releasing intra-uterine system (IUS) is well tolerated. The high hepatic concentrations of estrogens given orally could be avoided by transdermal administration. New studies should be planned to reflect the situation in clinical practice. The time to start HRT in healthy menopausal women is between the ages of 45 to 55 years.

**PMID: 12871861** [PubMed - in process]

25: Hum Reprod. 2003 Aug;18(8):1737-1746.

Effects of specific post-menopausal hormone therapies on bone mineral density in post-menopausal women: a meta-analysis.

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**BACKGROUND:** Long-term post-menopausal hormone therapy (pHT) was often regarded as first-line therapy to prevent fractures in post-menopausal women, a recommendation under scrutiny given the benefit-risk profile of the Women's Health Initiative results of the estrogen-progestin combination. Apart from controlled clinical studies providing data with fractures as an end point, measures of lumbar and hip bone mineral density (BMD) may be used to assess bone-related effects of pHT. The objective of this study was to conduct a systematic review of 2-year trials, published between 1990 and December 2002, and assessing changes in BMD by any estrogen including ethinyl estradiol, any estrogen plus any

progesterin, or tibolone. **METHODS:** We searched MEDLINE, EMBASE and systematic reviews. Thirty-nine randomized, prospective, controlled 2-year trials were analysed in pre-specified groups according to the profile of the compounds. **RESULTS:** Virtually all PHT regimens at least maintain BMD at the lumbar spine and the hip compared with baseline; there is no apparent difference between the various estrogenic compounds. Tibolone, a synthetic progesterin, appears to be as effective as any estrogen. Most trials were conducted in early post-menopausal women, fewer in women with hysterectomy and/or bilateral oophorectomy. **CONCLUSIONS:** The size of impact on BMD does not appear to differ between tibolone and any estrogen compound studied.

**PMID: 12871893** [PubMed - as supplied by publisher]

26: Int J Behav Med. 2003;10(2):143-61.

Managing urinary incontinence across the lifespan.

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In the 1996 baseline surveys of the Australian Longitudinal Study of Women's Health (ALSWH), 36.1% of mid-age women (45-50) and 35% of older women (70-75) reported leaking urine. This study aimed to investigate (a) the range of self-management strategies used to deal with urinary incontinence (UI); (b) the reasons why many women who report leaking urine do not seek help for UI; and (c) the types of health professionals consulted and treatment provided, and perceptions of satisfaction with these, among a sample of women in each age group who reported leaking urine "often" at baseline. Five hundred participants were randomly selected from women in each of the mid-age and older cohorts of the ALSWH who had reported leaking urine "often" in a previous survey. Details about UI (frequency, severity, and situations), self-management behaviors and help-seeking for UI, types of health professional consulted, recommended treatment for the problem, and satisfaction with the service provided by health care professionals and the outcomes of recommended treatments were sought through a self-report mailed follow-up survey. Most respondents had leaked urine in the last month (94% and 91% of mid-age and older women, respectively), and 72.2% and 73.1% of mid-aged and older women, respectively, had sought help or advice about their UI. In both age groups, the likelihood of having sought help significantly increased with severity of incontinence. The most common reasons for not seeking help were that the women felt they could manage the problem themselves or they did not consider it to be a problem. Many women in both cohorts had employed avoidance techniques in an attempt to prevent leaking urine, including reducing their liquid consumption, going to the toilet "just in case," and rushing to the toilet the minute they felt the need to.

**PMID: 12763707** [PubMed - indexed for MEDLINE]

27: Int Nurs Rev. 2003 Jun;50(2):109-18.

What do women think about menopause? A qualitative study of women's expectations, apprehensions and knowledge about the climacteric period.

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**AIM:** To identify and describe expectations, apprehensions and knowledge about the menopausal period and climacteric symptoms. **METHOD:** Data were collected by semi-structured interviews/discussions with a convenience sample of 39 women, all 47 years of age. Data interpretation and analysis were based on content analysis, but influenced by a qualitative approach. **FINDINGS:** These included women's expectations and feelings of freedom. Apprehensions were described as different

climacteric symptoms, which were well known to the women through their own or other's experiences. The women were, to some extent, aware of the physical and psychological changes that follow the menopause. However, the women lacked knowledge about these changes or self-care activities that could prevent problems or mitigate symptoms. Key conclusions and implications for practice: Discussions on health with premenopausal women can increase their knowledge about a natural phase of life, the climacteric period. The study showed that nurses/midwives who have regular contact with some women during their life have an important role to play in providing information, as well as in the treatment of climacteric symptoms.

**PMID: 12752910** [PubMed - indexed for MEDLINE]

28: J Am Acad Nurse Pract. 2003 Jun;15(6):266-75.

Hispanic women's experience with "el cambio de vida".

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**PURPOSE:** To examine the factors that influence Hispanic women's decisions to initiate or not initiate hormone replacement therapy (HRT) during menopause to manage symptoms or to prevent longer-term conditions. **DATA SOURCES:** A descriptive study of 51 Hispanic women who completed the Spanish version of the Menopausal Decision-Making Questionnaire (S-MDMQ) to describe their experience with and perceptions about menopause. **CONCLUSIONS:** Most of the low-income Hispanic women in this study would elect not to take HRT; however, they do use exercise, diet, vitamins, and other self-care activities to manage symptoms of menopause. Hispanic women were eager to discuss how to manage their health care during perimenopause and menopause with one another and their health care providers. **IMPLICATIONS FOR PRACTICE:** Nurse practitioners need to understand factors that might influence Hispanic women's decisions regarding management of menopausal symptoms, including the use of HRT, and to be able to assist women in making an individualized personal treatment choice that is culturally acceptable.

**PMID: 12861893** [PubMed - indexed for MEDLINE]

29: J Br Menopause Soc. 2003 Jun;9(2):69-74.

Probiotics and prebiotics in female health.

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Functional foods such as probiotics, prebiotics and nutraceuticals are of extreme interest to researchers. There is growing evidence that these food ingredients may improve and in some cases treat certain conditions that are implicated in women's health. The use of probiotics (live, beneficial bacteria) in improving gastrointestinal and non-gastrointestinal tract conditions such as irritable bowel syndrome, candidiasis and other female urogenital tract conditions are reviewed. Emphasis is also given to the importance of prebiotics (non-digestible food ingredients) in osteoporosis management and alleviation of menopausal symptoms and reducing the onset of cancer.

**PMID: 12844428** [PubMed - in process]

30: J Gen Intern Med. 2003 Jun;18(6):419-22.

Impact of a veterans affairs continuity clinic on resident competencies in women's health.

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**BACKGROUND:** Education in women's health is now considered a core curricular component during residency training in Internal Medicine. There is potential for insufficient training in women's health for residents with a continuity clinic based at a Veterans Affairs (VA) hospital. **OBJECTIVE:** To determine the impact of a 3-year continuity clinic based at a VA hospital on residents' self-reported competencies in women's health. **DESIGN:** Cross sectional survey using an internal website. **SETTING:** University-based residency program in Ann Arbor, Michigan. **MEASUREMENTS AND MAIN RESULTS:** Comparison of residents with a VA clinic with residents with non-VA clinics (university and community) in self-reported competencies in knowledge base, counseling, and physical exam skills in the area of women's health. Responses were obtained from 66% (n = 72) of eligible residents. When compared to residents with either a university hospital- or community-based clinic site, VA-based residents reported less confidence in the majority of competencies surveyed. Clinic site had the strongest impact in the knowledge base domain, accounting for between 17% and 33% of the variance in each specific competency. For estimated number of Pap smears and breast exams done in the prior year, VA-based residents reported doing, on average, less than 5 of each per year while non-VA residents reported doing between 11 and 20 of each exam. **CONCLUSIONS:** Our data suggest that despite other clinical opportunities in women's health during ambulatory rotations, regular clinical experiences in women's health in the continuity clinic setting are necessary to improve education in this area.

**PMID: 12823648** [PubMed - in process]

31: J Gen Intern Med. 2003 Jun;18(6):411-8.

Teaching women's health skills: confidence, attitudes and practice patterns of academic generalist physician.

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**OBJECTIVE:** This study assesses the readiness of academic general internists to perform and precept a commonly utilized women's health examination, and procedural and management skills. **DESIGN:** Full-time faculty from divisions of general internal medicine and departments of family practice in 9 states reported their encounter frequency with, comfort precepting, and the importance they ascribe to several examination, procedural, and management skills relevant to women's health care; and their attitudes toward performing the pelvic exam and obtaining a Pap smear. **MEASUREMENTS AND MAIN RESULTS:** A total of 331 general internal medicine physicians (GIMs) and 271 family medicine physicians (FPs) completed questionnaires, with response rates of 57% and 64%, respectively. More than 90% of GIMs and FPs indicated they were confident precepting the breast and Pap/pelvic examinations. A relatively small percentage of GIMs expressed confidence precepting the management of dysfunctional uterine bleeding (22%), initiating Depo-Provera (21%), and initiating oral contraceptives (45%), while a substantially larger percentage indicated that these skills were important to primary care practice (43%, 44%, and 85%, respectively). Although GIMs indicated they were confident precepting the Pap/pelvic exam, they were less likely than FPs to agree with the following statements: "Performing routine Pap smears is a good use of my time" (GIMs 65%, FPs 84%); "It is a waste of health care dollars for primary care physicians to refer patients to gynecologists for routine Pap/pelvic exams" (GIMs 69%, FPs 90%); "I feel very well trained to do a routine bimanual exam" (GIMs 71%, FPs 98%), and "The clinic where I practice is well equipped to do a Pap smear" (GIMs 78%, FPs 94%). **CONCLUSIONS:** Although most academic GIMs are confident precepting the breast and pelvic examination, only a minority are confident precepting the management of dysfunctional uterine bleeding,

initiating Depo-Provera, and initiating oral contraceptives. These findings suggest that a number of academic GIMs may not be prepared or willing to perform or precept important women's health skills.

**PMID: 12823647** [PubMed - in process]

32: J Nutr. 2003 Jun;133(6):1955S-2013S.

Dietary supplement use in women: current status and future directions.

Proceedings of a NIH Conference. Bethesda, Maryland, USA. January 28-29, 2002.

**PMID: 12828144** [PubMed - indexed for MEDLINE]

33: J Obstet Gynecol Neonatal Nurs. 2003 Jul-Aug;32(4):550-6.

Preconceptional wellness as a routine objective for women's health care: an integrative strategy.

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Preconceptional health promotion should not be approached as an isolated activity. Instead, a new approach to women's wellness is needed. Rather than targeting care to women based on their pregnancy status or desires, health promotion and disease prevention should be integrated into a continuum of care throughout the life cycle. When care for women is viewed as an integrated continuum approach to health, rather than as a series of episodic events, higher levels of women's wellness will be achieved. This approach is likely to result in healthier women, pregnancies, and offspring. These outcomes are consistent with the goals of preconceptional health promotion. Using several case illustrations, this article highlights the benefits of integrating care into a continuum model.

**PMID: 12903706** [PubMed - in process]

34: J Psychiatr Ment Health Nurs. 2003 Jun;10(3):317-22.

Mutuality as background music in women's lived experience of mental health and depression.

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Mental health problems, especially depression, have turned into an extensive public health problem, affecting women in particular. The aim of this study was to obtain a deeper understanding of mental health phenomena through elderly women's lived experiences of mental health and depression. The phenomenological approach was chosen for collecting experience-based and person-centred descriptions from 21 women, focusing on mental health and depression. The interviews were analysed using Giorgi's phenomenological descriptive method. Mutuality in their relationships with themselves and others emerged as a major element in the women's experience of mental health and depression. When the women's existence and value were confirmed in relation to themselves and others, mental health appeared as an ascending spiral. When the women's value and self-esteem in relation to themselves and others were violated, the result was a descending spiral. Metaphorically speaking, 'mutuality' provided the 'background music' to the women's lives. Being a skilled professional psychiatric nurse means making the best use of mutuality as a creative power in the nurse-patient relationship. This means that the nurse must be aware that her/his attitude, appearance and behaviour are interpreted as a confirmation of the patient's worthiness or worthlessness.

**PMID: 12755916** [PubMed - indexed for MEDLINE]

35: J Thromb Haemost. 2003 Jun;1(6):1208-14.

Effect of long-term hormone replacement therapy on tissue factor pathway inhibitor and thrombin activatable fibrinolysis inhibitor in healthy postmenopausal women: a randomized controlled study.

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It was recently reported from the Women's Health Initiative that healthy women using combined hormone replacement therapy (HRT) for 5 years have an increased cardiovascular risk. We hypothesize that the increased risk is confined to subgroups of atherosclerotic women. Such women may have higher arterial tissue factor expression and higher thrombin formation, and changes in tissue factor pathway coagulation inhibitor (TFPI) and thrombin activatable fibrinolysis inhibitor (TAFI) may be deleterious. Healthy postmenopausal women (n = 719) were randomized to hormone therapy [n = 357; opposed (n = 290) and unopposed (n = 67)] or no treatment (n = 362). Plasma TFPI and TAFI and the TFPI -287T/C and TAFI -438G/A polymorphisms were measured 5-6 years after randomization.

Concentrations of TFPI were significantly lower in the hormone group than in the control group (P < 0.001) and in all genotypes of the TFPI polymorphism. Overall, concentrations of TAFI did not differ between the two groups but were reduced by hormone therapy in homozygotes for the rare TAFI -438 A allele (P < 0.05). The hormone effects on TFPI and TAFI were similar in smokers and non-smokers and in women using unopposed and opposed therapy. The observed decrease in TFPI may contribute to the increased cardiovascular risk associated with HRT.

**PMID: 12871321** [PubMed - in process]

36: Med Care. 2003 Jun;41(6):706-15.

Can a disease self-management program reduce health care costs? The case of older women with heart disease.

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**BACKGROUND:** There is increasing interest in the potential for chronic disease self-management interventions to provide health benefits while reducing health care costs. **OBJECTIVES:** To assess the impact of a heart disease management program on use of hospital services; to estimate associated hospital cost savings; and to compare potential cost savings with the cost of delivering the program. **RESEARCH DESIGN:** Randomized, controlled study design. Data were collected from hospital billing records during a 36 month period. Multivariate models were used to compare health care use with cost between treatment and

control groups. Estimated differences were then compared with the program costs to determine cost-effectiveness. **SUBJECTS:** Participants were recruited from 6 hospital sites. Screening criteria included: female, 60 years or older, diagnosed cardiac disease, and seen by a physician approximately every 6 months. The study included 233 women in the intervention group and 219 in the control group. The "Women Take PRIDE" program utilizes a self-regulation process for addressing a problematic area of the heart regimen recommended by each woman's

physician. It is tailored to the unique needs of older women. **MEASURES:** Hospital admissions, in-patient days, emergency department visits. **RESULTS:** Program participants experienced 46% fewer in-patient days (P < 0.05) and 49% lower in-patient costs (P < 0.10) than women in the control group. No significant differences in emergency department utilization were found. Hospital cost savings exceeded program costs by a ratio of nearly 5-to-1. **CONCLUSIONS:** A heart disease self-

management program can reduce health care utilization and potentially yield monetary benefits to a health plan.

**PMID: 12773836** [PubMed - indexed for MEDLINE]

37: N Engl J Med. 2003 Aug 7;349(6):523-34.

Estrogen plus progestin and the risk of coronary heart disease.

Manson JE, Hsia J, Johnson KC, Rossouw JE, Assaf AR, Lasser NL, Trevisan M, Black HR, Heckbert SR, Detrano R, Strickland OL, Wong ND, Crouse JR, Stein E, Cushman M; Women's Health Initiative Investigators.

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**BACKGROUND:** Recent randomized clinical trials have suggested that estrogen plus progestin does not confer cardiac protection and may increase the risk of coronary heart disease (CHD). In this report, we provide the final results with regard to estrogen plus progestin and CHD from the Women's Health Initiative (WHI).

**METHODS:** The WHI included a randomized primary-prevention trial of estrogen plus progestin in 16,608 postmenopausal women who were 50 to 79 years of age at base line. Participants were randomly assigned to receive conjugated equine estrogens (0.625 mg per day) plus medroxyprogesterone acetate (2.5 mg per day) or placebo. The primary efficacy outcome of the trial was CHD (nonfatal myocardial infarction or death due to CHD). **RESULTS:** After a mean follow-up of 5.2 years (planned duration, 8.5 years), the data and safety monitoring board recommended terminating the estrogen-plus-progestin trial because the overall risks exceeded the benefits.

Combined hormone therapy was associated with a hazard ratio for CHD of 1.24 (nominal 95 percent confidence interval, 1.00 to 1.54; 95 percent confidence interval after adjustment for sequential monitoring, 0.97 to 1.60). The elevation in risk was most apparent at one year (hazard ratio, 1.81 [95 percent confidence interval, 1.09 to 3.01]). Although higher base-line levels of low-density lipoprotein cholesterol were associated with an excess risk of CHD among women who received hormone therapy, higher base-line levels of C-reactive protein, other biomarkers, and other clinical characteristics did not significantly modify the treatment-related risk of CHD. **CONCLUSIONS:** Estrogen plus progestin does not confer cardiac protection and may increase the risk of CHD among generally healthy postmenopausal women, especially during the first year after the initiation of hormone use. This treatment should not be prescribed for the prevention of cardiovascular disease.

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**PMID: 12904517** [PubMed - in process]

38: Nurs Outlook. 2003 May-Jun;51(3):108-14.

Older women with breast cancer: perceptions of the effectiveness of nurse case managers.

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**BACKGROUND:** There are many challenges that an older woman and her family face when diagnosed with breast cancer. Utilizing community-based nurse case managers may influence the older client and her family to adapt to the many challenges associated with the diagnosis and treatment of breast cancer. **PURPOSE:** The purpose of this qualitative study is to describe how older breast cancer clients perceive community-based nurse case managers. From findings generated, recommendations were developed to improve the practice of community-based nurse case managers. **METHOD:** A randomized prospective trial to evaluate the effect of nurse case management on the treatment of 106 older women with breast cancer provided data for this content analysis. Older women (>65 years of age) newly diagnosed with breast cancer cared for by 60 surgeons practicing at 13 community and 2 public hospitals in southeast Texas were invited to participate. **DISCUSSION:**

Community-based nurse case managers made a positive impact on older women with breast cancer by helping in managing coexisting medical conditions, providing support, providing education, giving assistance with activities of daily living (ADLs), and helping to navigate through the health care system. To increase their effectiveness, it was recommended that nurse case managers communicate well, be well educated about breast cancer, have standard gerontology nurse case management training, and integrate multiple support systems when caring for older clients with breast cancer. CONCLUSION: There are unique challenges that an older woman and her family face when diagnosed with breast cancer. Utilizing community-based nurse case managers may influence the client and her family to adapt to the many challenges associated with the diagnosis and treatment of breast cancer. Community-based nurse case managers can make a positive difference on the outcomes of older women with breast cancer.

**PMID: 12830102** [PubMed - indexed for MEDLINE]

39: RCM Midwives J. 2003 Jul;6(7):304-6.

Midwives working sensitively with minority groups: understanding women who are Jehovah's Witnesses.

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**PMID: 12868231** [PubMed - indexed for MEDLINE]

40: Respirology. 2003 Jun;8(2):123-30.

Women and tobacco.

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Smoking prevalence is lower among women than men in most countries, yet there are about 200 million women in the world who smoke, and in addition, there are millions more who chew tobacco. Approximately 22% of women in developed countries and 9% of women in developing countries smoke, but because most women live in developing countries, there are numerically more women smokers in developing countries. Unless effective, comprehensive and sustained initiatives are implemented to reduce smoking uptake among young women and increase cessation rates among women, the prevalence of female smoking in developed and developing countries is likely to rise to 20% by 2025. This would mean that by 2025 there could be 532 million women smokers. Even if prevalence levels do not rise, the number of women who smoke will increase because the population of women in the world is predicted to rise from the current 3.1 billion to 4.2 billion by 2025. Thus, while the epidemic of tobacco use among men is in slow decline, the epidemic among women will not reach its peak until well into the 21st century. This will have enormous consequences not only for women's health and economic wellbeing but also for that of their families. The health effects of smoking for women are more serious than for men. In addition to the general health problems common to both genders, women face additional hazards in pregnancy, female-specific cancers such as cancer of the cervix, and exposure to passive smoking. In Asia, although there are currently lower levels of tobacco use among women, smoking among girls is already on the rise in some areas. The spending power of girls and women is increasing so that cigarettes are becoming more affordable. The social and cultural constraints that previously prevented many women from smoking are weakening; and women-specific health education and quitting programmes are rare. Furthermore, evidence suggests that women find it harder to quit smoking. The tobacco companies are targeting women by marketing light, mild, and menthol cigarettes, and introducing advertising directed at women. The greatest challenge and opportunity in primary preventive health in Asia and in other developing areas is to avert the predicted rise in smoking

among women.

**PMID: 12753525** [PubMed - in process]

41: Surg Clin North Am. 2003 Aug;83(4):733-51.

Management of the high-risk patient.

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Comprehensive breast cancer risk management is a practical tool that can now be regarded as a necessary clinical component of women's health. Risk assessment is the starting point for counseling women about risk, and it facilitates rational decision-making about prophylactic surgery, initiation of screening at an early age, and initiating preventive interventions. The availability of risk assessment models permit rapid risk calculation during routine clinical encounters, and risk profiles can be easily updated at subsequent clinical visits. Clinicians can now incorporate risk assessment and management into their routine screening and health maintenance appointments. Additional prospective clinical trials should be conducted to define the optimal use of existing management strategies, develop refined risk assessment instruments that incorporate additional risk-factor information, and evaluate populations for whom validated risk-assessment approaches do not yet exist.

**PMID: 12875593** [PubMed - in process]

42: Womens Health Issues. 2003 May-Jun;13(3):79-92.

A disease-specific medicaid expansion for women. the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

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The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) allows states the option of extending Medicaid eligibility to women diagnosed with breast or cervical cancer through a large federal screening program that does not include resources for treatment. Using qualitative data from interviews with 22 key informants and other sources, we present an analysis of the history and passage of the BCCPTA as a policy response to a perceived "treatment gap" in a national screening program. The results suggest that organizational policy entrepreneurs-primarily the National Breast Cancer Coalition-constructed an effective problem definition (that the government screening program was "unethical" and "broken") with a viable policy solution (an optional disease-specific Medicaid expansion), and pushed this proposal through a policy window opened by a budget surplus and an election year in which women's health issues had broad bipartisan appeal.

**PMID: 12867087** [PubMed - in process]

43: Womens Health Issues. 2003 May-Jun;13(3):104-10.

Personal and psychosocial characteristics associated with psychiatric conditions among women with human immunodeficiency virus.

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This study presents information on correlates of mental health and substance abuse problems among women with human immunodeficiency virus (HIV), a particularly vulnerable, poor and minority population. Data are from 847 women in the HIV Cost and Services Utilization Study, a national probability sample of adults with known

human immunodeficiency virus infection. Fifty-five percent of women manifested a probable psychiatric condition. Results indicated that increased risk for psychiatric conditions among these women was associated with younger age, having acquired immunodeficiency virus (rather than asymptomatic), using avoidant coping strategies, reporting increased conflict with others, and prior physical abuse, needing income assistance, and putting off going to the doctor because of caring for someone else. Findings suggest we need to address women's need for safety from assaultive partners and that we may need special programs for women burdened with having to care for others.

**PMID: 12867089** [PubMed - in process]

44: Womens Health Issues. 2003 Mar-Apr;13(2):47-9.

Women's health care in the VA system: another "patchwork quilt".

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**PMID: 12732439** [PubMed - indexed for MEDLINE]

45: Womens Health Issues. 2003 Mar-Apr;13(2):50-4.

Availability of comprehensive women's health care through Department of Veterans Affairs Medical Center.

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Despite increased numbers of women veterans, little is known about health services delivery to women across the Department of Veterans Affairs (VA). To assess VA availability of women's health services, we surveyed the senior clinician at each VA site serving 400 or more women veterans. We found that virtually all sites have developed arrangements, either directly or through off-site contracts, to ensure availability of comprehensive women's health care.

On-site care, however, is routinely available only for basic services. Future work should evaluate cost and quality trade-offs between using non-VA sites to increase specialized service availability and using VA sites to enhance continuity of care.

**PMID: 12732440** [PubMed - indexed for MEDLINE]

46: Womens Health Issues. 2003 Mar-Apr;13(2):55-61.

The organization and delivery of women's health care in Department of Veterans Affairs Medical Center.

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Congressional eligibility reforms have profoundly changed the array of services to be made available to women veterans in Department of Veterans Affairs (VA) health care facilities. These include access not only to primary and specialty care services already afforded VA users, but also to a full spectrum of gender-specific services, including prenatal, obstetric, and infertility services never before provided in VA settings. The implications of this legislative mandate for delivering care to women veterans are poorly understood, as little or no information has been available about how care for women veterans is organized. This article reports on the first national assessment of variations in the organization of care for women veterans.

**PMID: 12732441** [PubMed - indexed for MEDLINE]

47: Womens Health Issues. 2003 Mar-Apr;13(2):62-7.

The influence of previous breast cancer upon mammography utilization. Legg JS, Fauber TL, Ozcan YA.

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Women with a previous history of breast cancer are at increased risk for developing cancer in the opposite breast. However, the literature is inconsistent regarding whether a previous history of breast cancer is associated positively with mammography utilization. Some studies indicate that women with a previous history of breast cancer are less likely to utilize mammography, although behavioral models of health care theorize that women with a history of breast cancer may be more vigilant regarding the disease. We analyzed responses from 830 women  $\geq 50$  years who participated in the 1998 National Health Interview Survey. A significantly greater proportion of women with breast cancer reported had a mammogram in the previous year (73.13%) as compared with women who did not have breast cancer (56.69%). Although a previous history of breast cancer was found to be associated positively with mammography use, women with public sources of health insurance are less likely to report mammography use. Results indicate that women with a previous history of breast cancer appear aware of the necessity for continued screening. However, enabling factors such as type of health insurance continue to exert an influence upon the utilization of mammography.

**PMID: 12732442** [PubMed - indexed for MEDLINE]